

03/31/00
JC662 U.S. PTO

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04-03-00
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	P1326REI
	First Named Inventor	Loftus
	Original Patent Number	5,845,474
	Original Patent Issue Date (Month/Day/Year)	December 8, 1998
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent

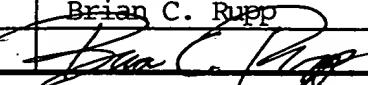
Design Patent

Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1.	<input checked="" type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7.	<input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2.	<input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3.	<input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9.	<input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4.	<input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10.	<input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
5.	Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11.	<input checked="" type="checkbox"/> Preliminary Amendment
6.	Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	(If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	13.	<input type="checkbox"/> Other:

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below	
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Signature		Date	March 31, 2010

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
P1326REI

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 1	Total Claims (37 CFR 1.16(j))	(B) 22	**** 21 = x \$ 19 = 189	or	x \$ _____ =		
(C) 1	Independent Claims (37 CFR 1.16(i))	(D) 3	* 2 = x \$ 18 = 36		x \$ _____ =		
						\$ _____	
			Basic Fee (37 CFR 1.16(h))		\$345		
			Total Filing Fee		\$570	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		or	x \$ _____ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =
			Total Additional Fee		\$	OR		\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 07-0181. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

March 31, 2000
Date

Signature of Applicant, Attorney or Agent of Record

Brian C. Rupp

Typed or printed name

UNITED STATES PATENT AND TRADEMARK OFFICE

Return Post Card

Retrofit Chain Sickle Cutter

TITLE: _____
CLIENT NO.: 81165-1 ATTORNEY: Brian C. Rupp
DOCKET NO.: _____ SERIAL/PAT. NO.: 5,845,474/5,732,539

Please be advised that the following documents have been deposited
with the United States Patent and Trademark Office:

A Request for Corrected Notice of Recordation of
Assignment with attachments; and a Certificate of
Mailing

Mailed this 6th day of March xxx 2000

DUE _____

DATE _____

DKT _____

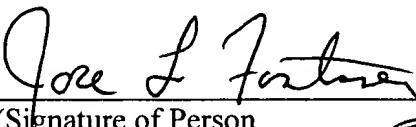
**EXPRESS MAILING CERTIFICATE
UNDER 37 C.F.R. § 1.10**

EL254691035USUS
"Express Mail" Mailing Number

March 31, 2000
Date of Deposit

I hereby certify that a Reissue Patent Application Transmittal and Fee Transmittal Form; a check for \$570; a Specification and claims; drawings; Reissue Application Declaration by the Assignee (2 pages); an Offer to Surrender; a Written Assent of Assignees and a Submission under 37 C.F.R. §3.73(b); a Small Entity Statement; a Preliminary Amendment (6 pages); an Express Mail Certificate; and a return post card are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above, addressed to the Assistant Commissioner for Patents, Box: Patent Application, Washington, D.C. 20231.

Jose L. Fontanez
(Typed or Printed Name of
Person Mailing Application)


(Signature of Person
Mailing Application)

(Docket: P1326REI)

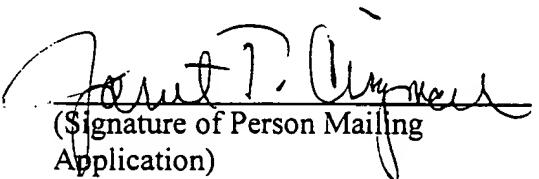
**CERTIFICATE OF MAILING
UNDER 37 CFR 1.8**

Date of Deposit: 6 March 2000

I hereby certify that a Request for Corrected Notice of Recordation of Assignment with attachments; and a return postcard are being deposited with the United States Postal Service with sufficient postage as First Class Mail service under 37 CFR 1.8 on the date indicated above, addressed to: U.S. Patent & Trademark Office, Assignment Division, Box Assignments, CG-4, 1213 Jefferson Davis Highway, Suite 320, Washington, D.C. 20231.

Janet T. Cizmar

(Typed or Printed Name of
Person Mailing Application)


(Signature of Person Mailing
Application)